

Attorney Docket No. RA158

Receipt
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AS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Richard E Perego et al.

Application No.: 09/479,375

Filed: January 5, 2000

Title: MEMORY SYSTEM INCLUDING A
POINT TO POINT LINKED MEMORY
SUBSYSTEM



Group Art Unit: 2824

Assistant Commissioner for Patents

Washington, D.C. 20231

Box: Application Processing
Customer Correction Branch

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on March 27, 2000
Michiko Sites
(Name of Person Mailing Correspondence)

Michiko Sites
Signature

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REQUEST FOR CORRECTION OF FILING RECEIPT

Sir:

Applicants submit this request to correct a typographical error in: (1) the title of the specification; and (2) Applicants address. In (1) the word SUBSYSTEM is misspelled and in (2) Applicants address has been incorrectly identified as TX and should be corrected to CA. The requested corrections are noted in red ink on the attached copy. Please forward a copy of the corrected filing receipt to the Applicant.

Respectfully submitted,

Dated: March 27, 2000

By: 
Charles E. Shemwell, Reg. No. 40,171

Rambus Inc.
2465 Latham Street
Mountain View, CA 94040
Telephone: 650-944-7707

FILING RECEIPT



OC00000004978754

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND
COMMISSIONER OF PATENT AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOP CLAIMS	IND CLAIMS
09/479,375	01/05/2000	2824	840	RA158	11	26 PR 21 MAIL ROOM	RECEIVED 03/01/2000

Charles E Shemwell ESQ
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2465 Latham Street
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Date Mailed: 03/01/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Richard E Perego, San Jose, CA ;
Stefanos Sidiropoulos, Palo Alto, CA ;
Ely Tsern, Los Altos, CA ;
CA

Continuing Data as Claimed by Applicant

Foreign Applications

Foreign filing license granted on 03/01/2000

Title

Memory system including a point-to-point linked memory subsystem

Preliminary Class

365

Data entry by : BATIE, MARGARET

Team : OIPE

Date: 03/01/2000



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Bib Data Sheet

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SERIAL NUMBER 09/479,375	FILING DATE 01/05/2000 RULE -	CLASS 365 711	GROUP ART UNIT 2624 2187	ATTORNEY DOCKET NO. RA158 TO 2700 MAIL ROOM
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APPLICANTS

Richard E Perego, San Jose, CA ;
Stefanos Sidiropoulos, Palo Alto, CA ;
Ely Tsern, Los Altos, CA ;

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

** 03/01/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature <i>YN</i> Initials
	STATE OR COUNTRY CA
	SHEETS DRAWING 11
	TOTAL CLAIMS 24
	INDEPENDENT CLAIMS 4

ADDRESS

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TITLE

Memory system including a point-to-point linked memory subsystem

FILING FEE ► RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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